

CALIFORNIA UNDERGROUND STORAGE TANK CLEANUP FUND
COST PRE-APPROVAL REQUEST

(Complete form, enclose required items, sign, date & return)

TO: _____ Fax: (916) 227-4530

I. CLAIM INFORMATION

A. CLAIM NO. _____ B. CLAIMANT _____

C. CLAIM STATUS (complete appropriate section)

i) LOC ISSUED FOR \$ _____

ii) ON PRIORITY LIST? ☐ YES ☐ NO IF YES, PRIORITY CLASS ☐ A ☐ B ☐ C ☐ D

iii) NOT YET APPLIED TO THE FUND, EXPECTED APPLICATION DATE: _____

D. CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____ FAX: _____

II. TYPE OF REQUEST (check appropriate boxes)

☐ PRE-APPROVAL \$ _____ AMOUNT REQUESTED

☐ 3-BID REVIEW \$ _____ PREFERRED BID (if applicable)

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR THE SPECIFIED REQUEST. ALL DOCUMENTS REQUESTED MUST BE SUBMITTED OR THE REQUEST(S) WILL BE RETURNED UNPROCESSED.

A. REQUEST FOR PRE-APPROVAL OF PROPOSED COSTS-The following items are required before review and determination will be made by Fund Staff.

1. A complete signed copy of the proposed Investigation Workplan or Corrective Action Plan (CAP) (as defined and required by Article 11, Chapter 16, California Underground Storage Tank Regulations). Corrective Action Plans must include the required feasibility study and chosen cost effective alternative.
2. A signed copy of the oversight agency approval letter for the Workplan/CAP.
3. A complete copy of the Request for Bids, including all attachments. A list of all firms requested to bid must be included.
4. Complete copies of all bids and other correspondence submitted in response to the Request for Bids.
5. A time schedule, if not part of bid documents, anticipated for project initiation and duration.
6. A detailed project budget, which includes breakdowns of staff/task/hour with associated estimated totals.

B. THREE-BID REVIEW/EVALUATION/DETERMINATION - Fund staff will assist any claimant requesting an evaluation of bids upon request. The following information must be submitted - 1,2,3 AND 4 as described in Item A above.

III. CERTIFICATION

*I certify under penalty of perjury that all information submitted with this request is complete and accurate and in accordance with all applicable laws and regulations. **Must be signed by claimant or person designated on the Authorized Representative Designation form***

Signature

Printed Name

Date

IV. Authorization for the Fund to give out your name and phone number to other claimants in your region as a reference for consultants and contractors. ☐ YES ☐ NO

Signature

Date